

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 08/2018)				TRANSCRIPT ORDER Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> Please read instructions on next page.					COURT USE ONLY DUE DATE:						
1a. CONTACT PERSON FOR THIS ORDER Donna Gilliland				2a. CONTACT PHONE NUMBER (415) 442-1848					3. CONTACT EMAIL ADDRESS donna.gilliland@morganlewis.com						
1b. ATTORNEY NAME (if different) Susan D. Resley				2b. ATTORNEY PHONE NUMBER (415) 442-1351					3. ATTORNEY EMAIL ADDRESS susan.resley@morganlewis.com						
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Morgan Lewis & Bockius LLP 1 Market, Spear Street Tower San Francisco, CA 94105				5. CASE NAME USA v. Lynch					6. CASE NUMBER CR-18-00577						
				8. THIS TRANSCRIPT ORDER IS FOR: <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL CJA: Do not use this form: use Form CJA24.											
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR Marla Knox															
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:															
a. HEARING(S) (OR PORTIONS OF HEARINGS)				b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)					c. DELIVERY TYPE (Choose one per line)						
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION <small>If requesting less than full hearing, specify portion (e.g. witness or time)</small>	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
04/02/2019	CRB	Status		●	●	○	○	○	○	○	○	○	○	●	○
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC: Requesting transcript on an expedited basis. Thank you.															
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).													12. DATE		
11. SIGNATURE /s/ Susan D. Resley													04/08/2019		

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